



Atty. Dkt. No. 040849-0177

#6/A
Amendment A
Robinson
5/10/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Yu WANG et al.

Title: HIGH FIELD OPEN MRI MAGNET ISOLATION SYSTEM AND METHOD

Appl. No.: 09/682,519

Filing Date: 09/13/2001

Examiner: Lincoln D. Donovan

Art Unit: 2832

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AMENDMENT UNDER §1.111

Commissioner for Patents
Box NON-FEE AMENDMENT
Washington, D.C. 20231

Sir:

This communication is responsive to the Office Action dated March 18, 2002, concerning the above-referenced patent application.

Please amend the application as follows:

In the Claims:

14. (Amended) An open MRI system comprising:

(a) a first assembly comprising:

- AI
- (1) a longitudinally-extending and generally-vertically-aligned first axis;
 - (2) at least one superconductive main coil positioned around said first axis and carrying a first main electric current in a first direction; and
 - (3) a first vacuum enclosure enclosing said at least one superconductive main coil of said first assembly;



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AMENDMENT TRANSMITTAL

Commissioner for Patents
Box NON-FEE AMENDMENT
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	38	—	38	=	0	x	\$18.00	=	\$0.00
Independents:	3	—	3	=	0	x	\$84.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$280.00	=	\$0.00
CLAIMS FEE TOTAL:									\$0.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$0.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$0.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

5/6/02

By



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